

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000085763

1. Entity Name
BUTLER POINTE, LLC



Principal Place of Business
**45 WEST BAY STREET STE. 203
JACKSONVILLE, FL 32202**

Mailing Address
**45 WEST BAY STREET STE. 203
JACKSONVILLE, FL 32202**



01052006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1933081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRUNTHAL, LEONARD H III
45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRUNTHAL, LEONARD H III
STREET ADDRESS	45 WEST BAY STREET, SUITE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGR
NAME	SCHUETT, WILLIAM F JR
STREET ADDRESS	45 WEST BAY STREET, SUITE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGR
NAME	ANGELO, MARC
STREET ADDRESS	11363 SAN JOSE BLVD, BLDG 300
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	MGR
NAME	SCHULTZ, JOHN
STREET ADDRESS	P.O. BOX 1200
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000466833
03/23/06-80026-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Leonard H. Grunthal 03-09-06

904-356-1060

Date

Daytime Phone #